EXPANDING ROLES OF PHARMACISTS IN HEALTHCARE

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OBJECTIVES

- Identify methods used by pharmacists to provide individualized patient care
- Examine approaches a care team can creatively use to manage complex medication needs
- Discuss how pharmacists and primary care can collaborate to meet patient needs
SHIFT TO PATIENT-CENTERED HEALTHCARE

- Trending away from a fee-for-service or product model
- Inclination towards value-based reimbursement
- Reimbursement rates based on achievement of quality measures

Key Pharmacy Quality Measures

**Adherence: Proportion of Days Covered (PDC)**
- 3 PDCs: Statins, Non-Insulin Diabetic Medications, Hypertension

**Drug Safety**
- Use of High-Risk Medications in the Elderly

**Comprehensive Medication Review**
- 2016: New full measure

MEDICATION THERAPY MANAGEMENT (MTM)

- MTM is a service provided to patients to:
  - Optimize drug therapy
  - Improve therapeutic outcome
- MTM includes many different services
- Pharmacists identify, prevent and resolve drug-related problems
MTM-COMPREHENSIVE MEDICATION REVIEW & ASSESSMENT

- Intent is to work collaboratively with other health care providers
- Enhance therapeutic outcomes
- Aligning with evidence-based guidelines
- No therapeutic changes are made without healthcare prescriber approval

MTM SERVICES

- Home MTMs
  - Pharmacists visit patient at their home
  - Educate on importance of adherence
  - Assist with tools for improving adherence
  - Lifestyle education
  - Training on appropriate administration of devices
MTM SERVICES

➢ Clinic MTMs
  ❖ Collaboration with clinics
  ❖ Work in collaboration with prescribers
  ❖ Assist with medication reconciliation
  ❖ Device training
  ❖ Evaluate issues with adherence
  ❖ Help set up goals for patients

MTM SERVICES

➢ MTMs post Hospital Discharge
  ❖ Provide transition care in collaboration with home health services
  ❖ Patient education on any medication related changes
  ❖ Assisting with follow-up with PCP post discharge
  ❖ Assisting with adherence
COMMUNICATION WITH PRESCRIBERS

- MTM Pharmacists documents visit with patient
- Assess patient’s medications for adherence, adverse effects, drug-drug interactions
- A comprehensive note is shared with the prescriber based on preferred method - Fax/email

REFERRALS FOR MTM SERVICES

- Prescribers refer patients for MTM services
  - Patients with complex medication regimens
  - Patients with low health literacy
  - Non compliant patients
  - Patient recently discharged from hospitals
REFERRALS FOR MTM SERVICES

- Local Medicare Advantage plans
  - Recently discharged patients
  - Patients with compliance issues

Medication Synchronization (Med Sync)

Creating a patient centered approach where patient’s medications are proactively aligned

From: Multiple scripts
  Multiple refill dates
  Multiple store visits

To: Multiple scripts
  Same refill date
  Single store visit
SYNCHRONIZATION PROGRAM WORKFLOW

- Simplify my Meds (SMM) Pharmacist and SMM Specialist work in Central office
- Coordinate refills for patients every 30- or 90-days
- SMM coordinator at store organize the adherence packaging for the patient
- SMM coordinator communicate any notifications of hospitalization or changes to SMM specialists
- Changes are updated in the system

SYNCHRONIZATION PROGRAM WORKFLOW

- Monthly assessment of profile to identify and evaluate potential:
  - Drug related problems
    - Drug interaction
    - Therapeutic Duplication
    - Cost effectiveness opportunity
    - Appropriate dosing
    - Missing medication
**SYNCHRONIZATION PROGRAM WORKFLOW**

- SMM coordinators and specialist help identify members for the MTM team
  - Recently discharged patient
  - Non adherent patients
  - Patients with low health literacy

**ADHERENCE RATES**

% PATIENTS  MEDICATION POSSESSION RATIO (MPR) >80%

<table>
<thead>
<tr>
<th>Therapeutic Class</th>
<th>Oral Antidiabetics</th>
<th>Statins</th>
<th>ACE-I/ARBs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sync Status-Enrolled</td>
<td>62%</td>
<td>56.5%</td>
<td>58%</td>
</tr>
<tr>
<td>Sync Status-Not enrolled</td>
<td>30%</td>
<td>28%</td>
<td>34%</td>
</tr>
</tbody>
</table>
Simplify My Med (SMM) team

- Refer patients who deny monthly appointment
- Refer patients who are non-compliant

Medication Therapy Management (MTM) Team

PHARMACY SOCIETY OF WISCONSIN- EXPANSION OF PHARMACIST’S ROLE

- Wisconsin Pharmacy Quality Collaborative (WPQC)
  - Initiative of the Pharmacy Society of Wisconsin
  - A group consisting of both pharmacists and health plans
  - Dedicated to creating a pharmacy quality pay-for-performance project
  - Aligns incentives for physicians, pharmacists and payers
  - Objective is to establish a uniform set of pharmacist-provided MTMs
Pharmacist Prevents Hospital Admission

Personal Pharmacist™ Lisa Dysard Family Health Care – Baldwin, MI

During a CMR, Lisa discovered that a patient was taking two medications known to interact with each other. When taken at the same time, the medications are known to dramatically increase the risk of stomach bleeds. The pharmacist counseled the patient on how to take the medications appropriately and the patient agreed to follow the recommended instructions. Thanks to Lisa’s intervention, a hospital admission was prevented. Great work, Lisa!

BENEFITS OF PHARMACIST’S INTERVENTION

- Cost of Prescription Non-Adherence
  - Poor health outcomes
  - MTM reduces health care cost and improves health outcomes
  - $290 billion nationwide in avoidable healthcare costs
- Return on investment
  - Participating insurance recognize financial value
  - Visit http://www.pswi.org/WPQC/WPQC-Payers/Benefits-to-Payers

**BENEFITS OF PHARMACIST’S INTERVENTION**

- **Cost Associated with Hospital Readmissions**
  - Common chronic disease states such as heart failure, diabetes, and asthma often lead to hospitalizations and re-admissions
  - The Institute of Medicine estimates Medicare spends over $15 billion annually on readmissions
  - A study involving 90 patients reported 20% patients were readmitted within 30 days compared to 6.9%


**EVIDENCE SUPPORTING PHARMACIST’S INTERVENTIONS**

- Studies show pharmacist interventions can:
  - Improved clinical outcomes: A study showed patients who received MTM with pharmacists had lower A1c and LDL
  - Improve blood pressure control: In a study where patients received 30 minute face-to-face consult with the pharmacist and 3 month follow-up
    - Mean systolic blood pressure dropped from 137.3 to 127.3 mmHg and mean diastolic dropped from 82.6 to 77.8 mm Hg,
    - Risk of CV events decreased by 53%
    - Hospital and ER use decreased by 54%

EVIDENCE SUPPORTING PHARMACIST’S INTERVENTIONS

- Ashville project a 2006 study
- Followed 207 patients with asthma who received MTM services
- Results indicated:
  - Missed work hours decreased by 400%
  - Total health care costs decreased by $725/patient/year
  - Patients were six times less likely to visit emergency department or hospitalized


PHYSICIAN TESTIMONIALS

This is a time in health care of unprecedented need for coordination of care and care of chronic diseases, both because of more baby boomers and because we as an American community are not as healthy as previous generations. We need to impact the health of our citizens in a meaningful way. In this effort, we will need to collaborate to maximize the care provided and embrace the skill sets of our fellow colleagues: physicians, nurses, pharmacists and so many others. If we fail in this endeavor, we will need to accept that some will go without optimal care as a consequence. We will choose to care for our citizens, together, because that is what we do.

- Tim Bartholow, MD, Former Chief Medical Officer, Wisconsin Medical Society
PHYSICIAN TESTIMONIALS

As a physician, I am highly skilled in diagnosis. Advanced practice nurses are skilled in care management. Social workers are specialists in the understanding of the behavioral and social sciences that underlie health and illness behavior. Finally, and critical to the integrity of the team, is the pharmacist who masterfully manages each patient’s complex drug therapy to achieve positive patient outcomes. Some physicians worry about the fact that pharmacists may displace the role of the physician; however, all providers complement one another on behalf of the highest attainable patient care outcomes. There is no competition for the patient; rather, there is only synergy on behalf of the shared vision of high-level patient care.

- Hershey S Bell, MD, MS, FAAFP. Pharmacy Report to Surgeon General April 2012.